

## 2006 Carrier Product Portfolio

### Plan Year 2004

Plan A – Closed to new sales 2/1/04

Plan B – Open to sales

Plan C – Open to sales

### Plan Year 2005

Plan A – Closed to new sales 2/1/04

Plan B - Discontinue product 1/1/05

Plan C – Open to new and renewing sales

Plan D – New product available 1/1/05

### Plan Year 2006

Carrier decides to cease sales and exit Washington Market effective 12/31/07.

Question: Is there a carrier filing requirement?

Answer: Yes. Carrier must provide plan sponsor and/or enrollees with 180-day notice required per RCW 48.43.035. Please see example.

EXAMPLE: MARKET WITHDRAWAL  
(OIC 180-DAY NOTICE)

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER  
RATES AND FORMS DIVISION  
PO BOX 40255  
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER  
0000 ANY STREET  
ANY TOWN, ANY STATE 00000  
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER  
**(If this is not the person preparing the filing please include that person's name also).**  
CONTACT PHONE: (000) 000-0000

SUBJECT: Discontinuance and Market Withdrawal of all product lines

Dear Insurance Policy/Analyst:

The purpose of this letter is to inform you that Washington Carrier intends to discontinue operations in Washington.

Enclosed for your review are the member and group 180-day notice letters, as well as a chart identifying membership per month. It is our intent to begin sending the 180-day notice in advance of group renewal. The first discontinuations will take effect January 1, 2007. Washington carrier requests this action pursuant to RCW 48.43.035(4).

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,  
Washington Carrier

EXAMPLE: MARKET WITHDRAWAL  
(PLAN SPONSOR 180-DAY NOTICE)

[Plan-Sponsor Letter]

Date

RE: Notice of Market Withdrawal & Discontinuance of your policy.

Dear :

At Washington Carrier, we strive to offer health care benefits that suit the needs of our employer groups and their employees. This process involves regular review of our current product offering and occasionally requires us to make changes. In an effort to keep up with this trend and focus on improving other business functions, we have decided to discontinue our products in Washington.

As a result of this discontinuation, your Washington Carrier policy will terminate on: mm-dd-yyyy. We will be sending each affected household a similar notification shortly. Please be assured, you and your employees will continue to be served while you have a health care plan with us.

If you have questions please call 1-XXX-XXX-XXXX with questions or concerns you might have. You can also contact your insurance broker for assistance.

Sincerely,

Washington Carrier

EXAMPLE: MARKET WITHDRAWAL  
(MEMBER 180-DAY NOTICE)

[MEMBER Letter]

Date

RE: Notice of Market Withdrawal & Discontinuance of your policy.

Dear :

At Washington Carrier, we strive to offer health care benefits that suit the needs of our employer groups and their employees. This process involves regular review of our current product offering and occasionally requires us to make changes. In an effort to keep up with this trend and focus on improving other business functions, we have decided to discontinue our products in Washington.

As a result of this discontinuation, your Washington Carrier policy will terminate on: mm-dd-yyyy. You should continue to follow the current procedures for accessing medical treatment defined in your member handbook until your coverage ends or is replaced by your employer. Rest assured, you will continue to be served by Washington Carrier while you have a policy with us.

If you have questions please call 1-XXX-XXX-XXXX with questions or concerns you might have. You can also contact your Human Resources Department with any questions or concerns you might have.

Sincerely,

Washington Carrier

# EXAMPLE: GROUP TERMINATION CHART - MARKET WITHDRAWAL

Month	Number of Groups	Group Names	Number of Insured Lives
January	1	ABC Company	500
February	3	Tippie Canoe, Forrest X, Transport R-Us	375
March	0		
April	0		
May	0		
June	0		
July	0		
August	0		
September	0		
October	0		
November	2	Puget Sound Company, Hollywood Ways	700
December	1	New Choice	4000

# HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIC Use Only	
3. Date Submitted JUNE 1, 2006		4. Proposed Effective Date DECEMBER 31, 2007		[      ] File ID      [      ] Analyst	
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Approved	
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Reviewed	
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing MARKET WITHDRAWAL		Withdrawn	
				Disapproved	
				Acknowledged	
				State Tracking #	

**Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box**

		A	B	C
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name
<b>STANDARD MASTER CONTRACT</b>				
11.	<input type="checkbox"/> Large Group Contract (51+)			
	<input type="checkbox"/> Small Group Contract (2-50)			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
12.	<input type="checkbox"/> Individual			
	<input type="checkbox"/> Application			
	<input type="checkbox"/> Endorsement/Rider			
13.	<input type="checkbox"/> Conversion			
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input checked="" type="checkbox"/> Other	180-DAY NOTICE		MARKET WITHDRAW
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
<b>PRIOR APPROVAL</b>		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input type="checkbox"/> Provider Agreement			
<b>18. RATE</b>		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
	<input type="checkbox"/> Proprietary			
	<input type="checkbox"/> For-Public			
<b>19. NEGOTIATED CONTRACT</b>		<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
<input type="checkbox"/> Trust		<input type="checkbox"/> Union		
<input type="checkbox"/> Paperwork		<input type="checkbox"/> Paperwork		
Negotiated Contract Number:		Effective Date:		
Group Name:		Group Number:		
Standard Master Contract Number (short form filings only):		Effective Date:		
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
<b>20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)</b>				
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		
<b>Please note that rate filings and form filings must be submitted together for new plans</b>				

21. Additional Group Numbers:

**22. Additional Form Numbers:**

[illegible]

**This Schedule is Part of Contract #:**

**Effective Date:\_\_\_\_\_**